



620 Happy Acres Road  
Chesapeake, VA 23323  
Phone (757) 487-1333

*Welcome & Thank You for giving the Doctors and Staff of Deep Creek Veterinary Hospital the opportunity to assist with the healthcare of your pet(s). Please complete both sides of this form.*

**Primary Owners Information**

Primary Owners Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like to receive reminder emails? YES NO

Primary Owners Employer: \_\_\_\_\_ Address: \_\_\_\_\_

**Secondary Owners Information**

Owners Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Owners Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

You will discuss the needs of your pet(s) with the doctor during the exam and we will provide an estimate of services recommended upon your request. If your pet is being hospitalized for treatment, observation and/or surgery, a 50% deposit is required and the balance paid in full upon discharge.

When services are rendered, payment in full is due prior to leaving.

In the event this account is turned over to collection for an unresolved balance, I hereby give permission for my employer to provide verification of employment to Deep Creek Veterinary Hospital and their attorney Tiffany & Tiffany, LLC.

*To prevent the spread of infectious disease and parasites, pets who are Hospitalized, presented for Grooming, Haircut and/or Boarding, must be current on all vaccines and free of intestinal and external parasites. I authorize the doctor to provide treatment, vaccines and parasite control as needed for my pet.*

May we utilize your pets photos for our FACEBOOK, website or advertising purposes? YES / NO \_\_\_\_\_ (initial)

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(OVER)

*We value each relationship with our clients and their pet(s). To assist us with learning about your pets living environment, recognize and assess risks in association with your pet, circle the appropriate YES/NO and provide details if circling YES. Please notate any further information you feel is important regarding your pet(s) health and well-being.*

**YOUR PET; OUR PRIORITY**

**Household Information**

Are there other family members in the home?    Y    N    Children? If yes, please list name and age:    Y    N

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Anyone in the household have a compromised/impaired immune system?    Y    N    If yes, please explain:

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Are there other pets in your household?    Y    N    Where else has your pet(s) lived? \_\_\_\_\_

Do you travel or vacation with your pet?    Y    N    If yes, where? \_\_\_\_\_

Where does your pet(s) sleep? (Outdoors, Indoors, Kennel, Pet bed, your bed, etc.. please be as specific as possible)

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	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
Pets Name					
Canine or Feline					
Breed					
Color					
Male or Female					
Neutered or Spayed					
Age / Date of Birth					
How long have you owned your pet					
Type of food you feed? Amount & how often?					
Is your pet on medications or supplements? Type?					
How many hours does your pet spend outdoors daily					
Previous Surgeries					
Previous Illness, Injury or Diagnosis					

Any Additional Information:

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